

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006422

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149 1963

Primary Registration District No.

1002

Registrar's No.

1396

VS 300
Rev. 4/59

1

23 218

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b Few Hours | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST MEMORIAL | | d. STREET ADDRESS (If outside, give location) 1527 White | |
| 3. NAME OF DECEASED (Type or print) PHILLIP SAFFORD CHAMBERLAIN | | 4. DATE OF DEATH Month MAR Day 2 Year 1963 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-31-1887 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY U S Government | 9. AGE (last birthday) 75 |
| 11a. BIRTHPLACE (City and state or country) Topeka, Kansas | | 12. CITIZEN OF WHAT COUNTRY U S | |
| 13a. FATHER'S NAME Philander C. Chamberlain | | 13b. MOTHER'S MAIDEN NAME Jenny Marie Safford | |
| 14. NAME OF HUSBAND OR WIFE Frances R. Chamberlain | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Frances R. Chamberlain 1527 White | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Prostate | | INTERVAL BETWEEN ONSET AND DEATH 4 yrs | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY. Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION St. Louis, Missouri | |
| 21. I attended the deceased from 5-22-1959 to Mar 2, 1963 and last saw him live on Feb 25, 1963 Death occurred at 12 45 m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE Milton B. Ozar M.D. | |
| 22b. ADDRESS 701 E. 63rd | | 22c. DATE SIGNED 3/2/63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3/4/1963 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum | 23d. LOCATION (City, town, or county) St. Louis, Missouri |
| 24. FUNERAL DIRECTOR Earp & Sons Mortuary Kansas City, Mo. | | 25. DATE RECD. BY LOCAL REG. 3-3-63 | |
| 26. REGISTRAR'S SIGNATURE Orith Long | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John B. Payne

Licensed Embalmer No. 29556

P. O. Address 1410 9th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.